

Request for Transportation Form

Phone: 2-6397

There is a \$75.00 charge for lost key/credit cards | State employees ONLY are allowed to drive | Vehicles are to be used for official business only.

Name of Driver: _____ K-State eID: _____@ksu.edu No. of Travelers: _____
Driver's Work Phone: _____ Driver's Home Phone: _____ Type of Vehicle: _____

Facilities Work Order: _____
Department: _____
Pickup Date: _____
Return Date: _____

Phase No: _____
Account No.: _____
Time: _____
Time: _____

Collision Insurance (Yes/No): _____

Destination and Purpose: _____

DRIVER'S CERTIFICATION: For my protection and the protection of my department, I agree to inspect the vehicle assigned to me BEFORE I leave the parking lot. If I notice any damage or problem with the vehicle, I will have a Motor Pool employee make a note of the damage BEFORE leaving the lot and retain a copy for my department. I agree to remove all debris from inside the vehicle. I certify that I have the valid driver's license listed below.

Driver's License #: _____ State: _____ Expiration Date: _____

TO BE COMPLETED BY MOTOR POOL

Departure Date: ____/____/____

Departing Time: _____ a.m. p.m.

Returning Date: ____/____/____

Returning Time: _____ a.m. p.m.

Total Days: _____

Mileage:	Amount of Charges
Odometer Finish:	
Odometer Start:	
Total Miles:	
Minimum Charge:	
Per Mile x:	
Total Mileage Charge:	
Insurance Premium Charge:	
Car Damage Charges:	
Other Charges:	
TOTAL CHARGES:	

Vehicle Number: _____ Requisition #: _____ Comments: _____